

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 147
Registered No. 513

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 824 Pine Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____ (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan. 12, 1926.</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Anastasio Atunio
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 41 (Years)
12. Birthplace (city or place) Durango, Mex.
(State or country)
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Pabla Bayes
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 40 (Years)
18. Birthplace (city or place) Durango, Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother. _____ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>4</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12:30 A.M. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Leyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona

Month, day, year _____
Filed Feb 10, 26 Registrar C. E. Dora

012-112-722

MARGIN RESERVED FOR DRAINING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.